

**CITY OF ELYRIA**  
**BUILDING DEPARTMENT**  
**CONTRACTOR REGISTRATION**  
**ORDINANCE # 62-13**

FEE \$ 125.00

RECEIPT \_\_\_\_\_

IBM# \_\_\_\_\_

TYPE OF REGISTRATION EXCAVATING CONTRACTOR DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

(INDIVIDUAL TO BE LICENSED, NOT BUSINESS)

DOING BUSINESS AS \_\_\_\_\_ Phone \_\_\_\_\_

(Must coincide with name on insurance and/or workman's comp certificates) Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF BUSINESS: SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER \_\_\_\_\_

(If partnership, supply name, address, and phone number of individual)

NUMBER OF EMPLOYEES: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

YEARS EXPERIENCE IN TRADE \_\_\_\_\_ CONTRACTOR'S FEDERAL ID# OR SOC SEC # \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

DO YOU HOLD REGISTRATIONS OR LICENSES IN OTHER CITIES? \_\_\_\_\_

IF SO, WHERE? \_\_\_\_\_

**\*\*PROVIDE THREE LETTERS OF REFERENCE FROM ANYONE WHO KNOWS THE APPLICANT'S WORK AND LIST REFERENCES BELOW.**

1.) NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

2.) NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

3.) NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

DO YOU HAVE LIABILITY INSURANCE? \_\_\_\_\_ PLEASE ATTACH A CERTIFICATE OF INSURANCE.

DO YOU HAVE WORKMAN'S COMP. INS.? \_\_\_\_\_ PLEASE ATTACH A COPY OF CERTIFICATE OF PREMIUM PAYMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EXAMINATION, IF REQUIRED: PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ GRADE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

131 Court St. Suite 101, Elyria, Ohio 44035  
Phone: (440) 326-1491; Fax: (440) 326-1488  
www.cityofelyria.org

**CONTRACTOR REGISTRATION  
EXPERIENCE**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**A. CONSTRUCTION AND RELATED TRADES EXPERIENCE:**

**Please list the types of construction work that you have performed in the last five (5) years. (i.e.: roofing, siding, additions, heating, electrical, etc.)**

CONSTRUCTION PROJECTS AND TYPE OF WORK	NAME OF EMPLOYER ADDRESS & PHONE	DATES, LENGTH OF TIME YEARS AND MONTHS

**B. ACADEMIC RELATED VOCATIONAL OR TECHNICAL EDUCATION:**

In lieu of experience required, the applicant may qualify with two years of technical training in an accredited school, plus two years of practical experience, or hold a degree from an accredited college or university in the business or trade in which he/she applies to be registered.

COPIES OF CERTIFICATES ATTACHED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF OHIO  
COUNTY OF LORAIN  
CITY OF ELYRIA

AFFIDAVIT OF VERIFICATION

AFFIANT: \_\_\_\_\_ BEING FIRST DULY SWORN ACCORDING TO  
**(person other than applicant)**

LAW DEPOSES AND SAYS THAT \_\_\_\_\_ HAS HAD  
**(applicant)**  
\_\_\_\_\_ YEARS OF PRACTICAL EXPERIENCE IN THE \_\_\_\_\_ TRADE.  
**(type)**

AFFIANT: \_\_\_\_\_  
**(signature of individual other than applicant)**

\_\_\_\_\_  
(address, city , state, zip code)

SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC